



H.E.F. CANADA QUARTERLY

The Human Ecology Foundation of Canada

Vol. I, No. 1 (March, 1983)

Contents

Notes From the Editor	1
Branch Reports	3
An Open Letter to the Members of the Human Ecology Foundation - Dr. Jozef J. Krop	4
Personal Journey Through a Chemical Soup - Lynne Kolodzie ...	6
Some Thoughts on Moving - Louise Cameron	8
Another View: "No Excuse" - Tom Cameron	11
The Ecologic Management of Pregnancy and The Newborn -Dr. John G. MacLennan	12
Infant Nutrition and Feeding - Dr. Del Stigler	18
Practical Suggestions for the Mother - Dr. Del Stigler	24
Infant Feeding Guide - Dr. Del Stigler	26
The "Step" Approach To Sorting Out Food Problems - Dr. John K. Blair	29
Resources Questionnaire Replies - G. Joy Underwood	46

THE HUMAN ECOLOGY FOUNDATION OF CANADA

The H.E.F. Canada Quarterly

The H.E.F. Canada Quarterly is a publication of The Ecology Foundation of Canada, a charitable organization under Canadian law, operating on a non-profit basis. The Quarterly is for people who are interested in health and its relation to our environment. It deals primarily with research in the field of clinical ecology, and also describes how people have improved their health by changes in habits, diet and environment. As such, it does not offer medical advice, and we urge persons wishing to experiment with changes in their lifestyle to do so with the help and guidance of a knowledgeable physician.

The Human Ecology Foundation of Canada

One of the purposes of the Human Ecology Foundation is to promote the free exchange of information on the prevention and treatment of ecological illness. People who are ecologically ill are no longer able to adapt well to common exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as allergy. But the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment. Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life and career.

On a local basis, HEF Branches work toward finding sources of chemically less-contaminated food, water, clothing and household furnishings, as well as providing counselling on changes of lifestyle that may alleviate symptoms. The Foundation and all its Branches would like to encourage others to become involved not only in research on the effects of environment on health, but in working toward a healthier, less-polluted environment.

Subscription and Membership

Membership in the Foundation includes a subscription to The H.E.F. Quarterly, which is produced four times per year. Annual membership and subscription fee \$15.00.

Advertising Policy

Advertisements are for support of the magazine only and do not in any way imply that the Human Ecology Foundation endorses any particular products or services mentioned therein. Readers with multiple sensitivities are advised to assess products carefully for personal compatibility, since individual sensitivities vary widely.

Notes from the Editor

The Theme

Earlier this month, I spoke most informally about my experiences as a chemically-sensitive (allergic) person to young mothers who meet regularly as a self-help, mutual-support, social group. I was over-whelmed by the lack of help these women are receiving from the medical profession as they try to deal with infants with eczema, colic, "crankiness", hyperactivity, in short, the usual problems of the hypersensitive child. They are struggling on their own to identify food allergies because they know the child has food allergies even though the doctor discounts the possibility. They are worried about sound nutrition because their children react negatively to so many foods. They are frustrated because, in many cases, doctors have written them off as neurotic mothers and they feel guilty because it has been suggested that the child's problems would disappear if mother calmed down. The last thing they needed to hear was my tale of woe about the hazards of chemical exposures, "You mean the eczema around my daughter's waist and buttocks could be caused by her perfumed, disposable diapers?" The need to educate, to become more visible as a group is growing.

Education

Exciting things are happening in Waterloo County's schools: more and more teachers are becoming aware of the link between body chemistry and behaviour. On February 11, 1983, Mr. Alexander Schauss, author of Diet, Crime and Delinquency, director of the "American Institute for Biosocial Research", and editor of the International Journal of Biosocial Research, spoke to several hundred elementary and secondary school teachers about the need to look at the physical, not just the psychological and social, causes of disordered behaviour. Using case histories and documenting meticulously, Schauss made a convincing case for investigating dietary adequacy, hypersensitivity to foods, inhalants and chemicals, heavy metal (Eg. lead, cadmium, aluminum and copper) levels, sensitivity to weather changes, and sensitivity to fluorescent lighting and to noise in any individual presenting learning and/or behaviour disorders. He spoke, in addition, about the effects of colour on learning and behaviour - specifically, on the beneficial effects of Baker-Miller pink on agitated aggressives and of two specific shades of blue on concentration and learning.

That there is considerable interest in biosociology and behaviour in this school system was further indicated by the fact that Schauss's board-sponsored public lecture in the evening again attracted a full house. There is hope.

Travel

Many ecologically ill people find travel virtually impossible. We would all find a comprehensive travel-guide to safe lodgings, safe restaurants, sources of safe water, and clean food helpful. The staff of the Quarterly have decided to begin compiling such a guide. We need YOUR HELP! On your travels, will you keep a detailed listing for us, please? We'll be asking you for that material at the end of the year.

Indexing and Numbering of the "Quarterly"

Beginning with this issue of the Quarterly we are returning to the formal volume and number system used to identify issues of most professional journals. The issues for 1983, then, will be indexed as:

Volume V, No. 1 (March, 1983)
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BRANCH REPORTS

Ottawa

The Ottawa branch has held three executive meetings since December to discuss administrative re-organization, improvement of services to the members, and the planning of various activities.

Branch responsibilities have been broken down into three areas: finance, external relations, and support systems. Each vice-president will over-see one of these areas. The executive have agreed that four newsletters (issued and volumed) be put out annually. The newsletter will be given a name (not decided at this point).

Since Ottawa had an abundance of game meat, some was sold to the Toronto and Kitchener branches. The Ottawa branch is grateful for the weigh-scales donated anonymously.

The "Welcome Kit" is to be reviewed at the next executive meeting. Members will share their ideas for its improvement.

Our next general meeting will be held on January 27th; speaker, Nora Muise, will discuss the importance of a diversified rotary diet and how to set it up.

Faye Georganas

Toronto

Our theme for the year "Accentuate the Positive" has been continued. Executive meetings have been held to plan and organize activities for the branch. A survey was sent to the membership requesting their reaction to the present services provided, improvements needed, and suggestions for programmes that will fit their needs. A request for additional executive members was distributed and these positions are expected to be filled at our annual branch meeting in early April.

In October, Dr. Trevor Hancock, Associate Medical Officer of Health with the Northern Health Area in Toronto, addressed the members regarding "Chemicals in Our Society". A humorous but poignant slide presentation depicting "A Day in the Life of Polly Klorinate" was enjoyed. There were many questions and considerable discussion.

On April 5th an organic gardener will speak to the members. On May 14th there will be a social evening, complete with games for the young people, cards, and an ecologically sympathetic disc jockey. On June 7th a panel of experts will answer questions from the members.

Darlene Koski

An Open Letter to the Members of the Human Ecology Foundation

Dr. Jozef J. Krop

We are aware that there is a crisis in medicine today. Our health care system is disease oriented with emphasis on the use of symptom-relieving drugs instead of on preventive medicine. Enormous amounts of energy and money are expended in developing new technologies and surgical techniques rather than a prophylactic approach to disease. The function of the human body and of its biochemistry is not yet fully understood, but genetic engineering is already being contemplated. There are more hyperactive and learning disabled children, more mentally ill persons, and fewer prison vacancies than ever before. The incidence of cancer and heart disease has not decreased. Addiction to tranquillizers, alcohol, and other drugs is widespread. But we are said to have the best "health care" system in the world.

Those with the experience, know the validity of the approach of Clinical Ecology as a tool for preventive health care. Nevertheless, Clinical Ecology still deals with the effect and not with the cause of illness. It deals with the effect of polluted water, air, and food, of a polluted environment. This pollution is not of the patient's doing, however; we are victims of an advancing technology and of an accepted, if not acceptable, lifestyle.

It is easy for a Clinical Ecologist to diagnose the cause and advise the patient how to proceed. While the patient can modify his/her home environment, what about work places, schools, offices, etc.? Co-operation from these organizations is not always forthcoming. In addition, many patients have difficulty with their extended health insurance coverage's reimbursing the costs of testing and serums of a therapy not generally recognized by the medical establishment.

Since Canada, unlike the United States, the United Kingdom, and Australia, does not have its own "Society for Clinical Ecology", the Human Ecology Foundation membership may have to take charge of some areas that such a society of practitioners would normally be concerned with. Canada has its own health system and laws pertaining to it and we cannot expect the American Society or any other to fight our battles for us.

It may even prove beneficial that the impetus for change come from an organization made up mostly of non-medical members, many of whom suffer from some form of ecological illness. Clinical Ecology needs more active support from those whom it helps.

Here is a list of ideas which I believe could stimulate discussion among members of the HEF branches and which should be considered before the annual meeting in May:

- 1) Contact other organizations in Canada concerned about pollution and its influence on health in order to create a real force and "solidarity" for lobbying purposes.

- 2) Lobby the Ministry of Health demanding that they place more stress on preventive medicine from the Clinical Ecology point of view.
- 3) Contact other medical organizations which promote an alternative approach to health. An exchange of ideas is possible without giving up our particular viewpoint.
- 4) Support Clinical Ecologists in their attempt to be recognized as a section of the Ontario Medical Association. Hypnotherapy is already covered by OHIP and acupuncture, although not a benefit, is listed in the OMA Schedule of Fees and, therefore, is recognized. Perhaps signed petitions from patients successfully managed would have a positive effect.
- 5) Organize a committee representing Clinical Ecology patients to approach insurance companies which provide extended coverage. We need to increase their understanding of the principles of this treatment in order to facilitate reimbursement for testing and serums.
- 6) Organize at least one Clinical Ecology seminar for doctors across Ontario or Canada to increase the interest in preventive medicine among Canadian doctors and, through further education, to increase the number of Clinical Ecologists in the country. The British Society recently held such a seminar and considered it a "milestone in the development of Clinical Ecology in the United Kingdom".
- 7) Organize seminars for other groups in society such as nurses, teachers, school principals, psychologists, social workers, architects, engineers and lawyers so that the ideas of Clinical Ecology could be introduced to influential professions more widely for the benefit of all.
- 8) Set up a policy to raise money for our organization. The above mentioned seminars could be one source. A professional fund-raiser could suggest other means.
- 9) Search out funding for research scientifically to prove Clinical Ecology's validity.
- 10) Create HEF supervised halfway homes for ecologically ill patients - particularly for those who cannot afford to go to the U.S. Ecological Units. Take steps to create a Canadian ecological unit. The Australians already have an environmental unit in one of their hospitals, why can't we?

Some members may prefer a more low-key approach, but I do not believe we should remain merely a self-help group. We have a responsibility to our children and grandchildren to take a more active role and even to act as a catalyst in the efforts of concerned people to rescue our threatened environment.

PERSONAL JOURNEY THROUGH A CHEMICAL SOUP

Recently I celebrated my fortieth birthday. I was asked the usual questions those of venerable years (i.e., over 35) learn to take in stride. All were variations of "how does it feel to be so old?" Imagine the astonishment which greeted my grinning reply: "I've never felt better in my life!" Yet how could that be? Didn't I realize how sick I was? And old - I had one foot in the grave!

How could I tell them that last year I felt as if all of me were in the grave. And that any sign of life was purely an illusion! So my increasing strength and good health this year, no matter how small, have created a wonderful sense of well-being. However, all the queries did trigger a flood of memories I had tried to suppress.....

who am i?

creative	timid	quibbling
intelligent	quivering	quarreling
sensitive	shivering	tigerish
i	i	i
ventursome	jittery	impulsive
mettlesome	jumpy	hot-tempered
outgoing	energy	critical
i	i	i
loyal	quiet	intense
dutiful	restful	serious
sensible	listening	philosopher
i	i	i
who am i?	who am i?	who am i?
		up and down
		and all around -
		who am i?

Now I know the answer to that question "who am i?" - I'm an allergic person. But I didn't know in 1979 when I wrote that jingle. It was one of many "poems" that poured out of me during an exultant spree of sweating creative energy. I had always been a fairly prosaic type, but suddenly - and inexplicably - I felt like a genius. I was high all the time. My senses were so electrically charged, I felt so intensely alive, I thought I'd explode! But I could not stay still. Not one instant. Nor stop talking. At night, my dreams, poems and decorating designs were so vivid and inter-mixed, I spent my time dozing or writing at my desk instead of sleeping. How was I to know my creative genius was induced by the out-gassing of urea formaldehyde insulation?

By the spring of 1980, I found out who I was - a hypochondriac who couldn't cope with the stress of daily living, according to my doctor. How else to explain my enormous list of physical ailments: headaches, dizziness, fainting spells, chest pains, racing pulse, sore throats, aching bones, nausea, insomnia, and more? The extensive and high emotional range of the previous autumn had narrowed to spring bouts of tears, anxiety and depression. And rage. Suddenly I was angry at everyone - about everything.

Rage

Hot, molten anger pours from my breast,
scalding my soul
and those who hinder me.

Fomenting and furious,
the lava drowns its hapless victims,
their arms and legs waving frantically,
their eyes beseeching me to save them.

But I am angry -
and there's no turning back -
only the elation of flowing
with the free tide of rage
which is me.

My illness progressed much further before I learned the root cause. I went to a psycho-therapist for 6 months who concluded I was sane and balanced and wished me well. Later I visited a clinical ecologist whose tests revealed allergies to almost everything. I eliminated serious food offenders, established a rotary diet, washed everything in the house with baking soda (including me) - and still got worse. What was wrong?

Eventually I was bed-ridden in my own home, often breathing oxygen from a huge and alien green tank that was my lifeline to strength, consciousness and sanity. Frequently I felt I was dying. I spent my thirty-ninth birthday in despair. Many days I recited the Lord's Prayer and the thirty-ninth Psalm over and over when I was too weak to crawl to my oxygen tank. It was hell!

Now, from the stability of my newly-earned good health, I look back on the past three years and thank God I survived. How was I to know what would happen when we insulated our home with urea formaldehyde? How was I to know my frantic bursts of creative energy were fired by a chemical overload that swamped my entire being? How was I to know I would almost lose myself along the way?

But to me, the miracle is that I am still alive. My terror at watching my husband and children become ill from the insulation forced me not to give up. My faith in myself and my love of life somehow carried me through. And when that failed, I learned that my weak and rusty faith in God meant something after all. I was given strength beyond any I'd ever known.

So I've learned, as all survivors do, to celebrate life no matter how wretched it might be. I might never compose another poem, since my muse requires a chemical boost. I might never accomplish any of the wondrous goals I set out to do when I was young. But I learned that the highest creative act is to love, to laugh and to share. And I'll try to do that, even in a chemical soup!

Lynne Kolodzie
Oshawa, Ontario

SOME THOUGHTS ON MOVING

Louise Cameron

"To move, or not to move?", that is the question.

The answer, when your husband receives a transfer out of town, often doesn't leave you any choice. After living in Hamilton for seventeen years, and in the same house for fourteen years, having to move was a great shock. That house had been constructed for allergic people and kept as chemically-free as possible over the years.

While I didn't mind leaving Hamilton's air pollution, I did not want to leave for personal reasons - and neither did our son. Our hearts were not really with the move, therefore, and this often can influence our incentive for making ecologically sound choices if we let it.

"Finding a House"

The search for a house was frustrating and complicated by set-backs in my general health from exposures encountered while doing so.

We were looking in the Kitchener-Cambridge area. I was not familiar with the area, and was surprised to find so much industry so close to residential areas. A rural location, however, has not been an acceptable choice for us. Using my reactions as guidelines, therefore, we toured the various urban neighbourhoods. At times, I was puzzled; there were symptoms of strong chemical exposures but not much evidence of what brought it on - that is, until further inquiries revealed a "dump site", now beautifully landscaped, as part of the terrain.

We wanted to be near a high school so that our son could maintain the "yo-yo" schedule he had established allowing him to go to classes, but still come home as necessary during the day. We also wanted easy access to my husband's work.

Perseverance found us a house that is about thirty years old with baseboard electric heaters. The school is just around the corner, and my husband can be to his job in 15 to 20 minutes by car. There is no industry nearby, and the school's incinerator is downwind from us most of the time. A city bus does run on our street every half-hour, but there is no stop nearby, and again, the prevailing wind takes the exhaust fumes away.

The Challenges

The house did, however, have some challenges for us. Every room, except the kitchen, was carpeted. The kitchen and two bedrooms had vinyl wallpaper. The bathroom was extremely "smelly", but, for us, it seemed a better choice than having a new one built.

We got possession in June, and moved in August. The goings-on in that two months kept the neighbours wondering!

They soon became aware of "the family with all the allergies".

1) The Floors

It took some time, but I found someone I felt we could trust to take out the carpets and install the ceramic tile floors we had decided on. We left the hardwood floors in the living-room and upstairs bedrooms. I did not feel I could take the chance of living with any of the finishes offered me for testing. Ceramic tile now covers the floors on the remainder of the first floor level. The two finished rooms in the basement had glued carpets; they now have ceramic tile floors. We had Vic. Sellner Ltd., Kitchener, Ontario, do the work, and were very pleased. Initially there were problems because they did not understand the nature or severity of our sensitivity problems, but they were eventually able to provide numerous floor samples for me to test. It is common practice now to lay ceramic tile in a glue, but since we could not tolerate the glue, they took out the existing floors, put down new sub-flooring reinforced with nails, laid wire mesh on top of that, and then poured a layer of cement. I'm not sure what it is, but there is a layer of some type of bonding between the cement and the tile. I do know, that like all the material they used, Sellner's gave me a dried sample of that product to test. They did not use anything until I had given my approval. I found that I tolerated the grey better than the brown grouting material.

2) The Bathroom

Since we decided we could not risk tearing the bathroom apart and re-doing it (except for the ceramic tile floor), we left the existing wall-paper and wall tile intact. My husband washed and scrubbed it thoroughly and got off layers of perfumed soaps, especially on the shower enclosures. To help us compensate for the remaining exposure problems, we had a metal shower installed in the basement. Again, I can recommend an excellent tradesman who was sympathetic to our sensitivity problem. We used Musselman Plumbing, Kitchener, Ontario. We decided that as the floor had to be dug up to put in the shower, we would go ahead and install the other fixtures. The carpentry work did not work out well, and was not completed before we moved in. Part of the insulation was done on the outside walls using fibre-glass batts and my husband has covered that with sheets of poly and industrial foil wrap. He has made temporary walls with a couple of odd doors and my old terry cloth shower curtains - not beautiful, but very functional.

3) The Walls

The vinyl wallpaper had covered some nasty looking colours (in our opinion) and some rough spots, especially in the kitchen where a door had been bricked in.

My husband painted during his holidays -some holiday!

We used "Color Your World Paint", and added $\frac{1}{4}$ cup baking soda per gallon before it was mixed at the store. We have been told that this helps reduce the gassing-off process of the paint. For me, it was still pretty offensive.

4) Moving

The movers did the packing but cartons and papers were obviously treated with chemicals and my system was so stressed by the physical and emotional aspects of the move by this point, that that exposure was very hard on me. We used "Taylor-Mayflower Ltd." and I made it quite clear that I needed people who would accommodate our special needs. Remember to ask for a truck which has not been fumigated recently.

5) Decorating

I am not a fussy lady, but I do like some privacy; we had to find blinds and/or drapes. I do not sew. I had some ideas about what I wanted and needed, but, so did the decorators. We are gradually getting rid of our make-shift window coverings. I decided on the mini-aluminum blinds for most of the windows. The "newness" washed and aired off fairly quickly. We are now getting all-cotton sidepanels, valances, and bedspreads for the various rooms. I am finding that they will have to be washed a few times before the lengths of material I chose can go to the seamstress.

6) The First Heavy Rain

To complicate matters, we discovered the basement leaked when it rained. I wanted to avoid any chemical exposures in fixing that problem. It appeared to be a matter of poor drainage. It's a long story, but \$850.00 later, we had the poured concrete patio removed from the back of the house and the ground raised there so that the water will drain away from the house. The top soil didn't bother me, but, because it was so late in the year, we had sod put down and the chemicals in that did.

Conclusion

I had hoped to have an addition put on the back of the house before we moved in but I am thankful now that I did not. We had enough exposures to sort out and deal with.

Moving can be a challenge to those of us with multiple sensitivities. Time and thorough testing of all new materials are very essential.

Addendum: A treat for us was finding that we seemed to tolerate the water on tap - especially since we had driven many miles for spring water for sixteen years. The longer we are here, however, the more suspicious we become of the water. Our problem may not be solved.

Another View: "No Excuse"

By Tom Cameron

When the Winter 1982 Quarterly arrived at my house, I picked it up and read it. When I reached the article entitled, "Is There Life After Ecological Illness?" by Brenda Koski, which didn't take me very long, I stopped.

Now, I will grant the reader that my allergic reactions, while chronic and annoying, have rarely been severe; however, I cannot accept anyone's using allergies as an excuse for pouring liquid over anyone's head. The greatest redeeming feature of Ms. Koski's article is the fact that it may have been intended as a warning to other potential dates.

I am a grade twelve student and a member of several school clubs. I find that most of my exposures can be handled through planning, rest, and will power. By planning ahead and limiting my exposures, I find that I am able to handle the exposures at the event which I wanted or need to attend. Before and after the event the greatest thing for allergies is rest, saving up or rebuilding fortitude to assail the world of exposures the next day. The final requirement is to "bite the bullet". Sometimes one cannot leave a situation but has to cope as well as he can at the time; you can't excuse yourself from the middle of a play when you're in it. These steps have allowed me to become involved in activities in and out of the school.

With the limited understanding of the problem they have, we can only expect society to make so many concessions. If we cannot make people understand the problem, we must settle for making them understand the fact that some allowances must be made. If they will not, or cannot, concede even that, however, then we must concede that, as much as we may like to, we may not be able to handle the situation. We must be as reasonable in our demands from others and the concessions they will be willing to make as in our demands of ourselves.

Those who suffer from allergies and chemical sensitivities must realize that they, being so affected, cannot help but be limited in their activities to some degree or another. It is my position that the controlling of reactions is the responsibility of the person with the problem and that we cannot, or maybe should not, expect others around us to bear the burden of our reactions when we are not in control. When the others around us do help us control our reactions, and it is nice when they do, then they are over stepping their bounds of responsibility and entering the realm of charity and compassion.

Note: Dentures

For those who discover they are severely allergic to the toxic materials in their dentures, please do not boil your teeth. While it does remove copious quantities of foreign matter, browning both denture and cooking pan, it also warps the teeth so badly out of shape, they cannot be worn.

"One who knows,
I've been there."

THE ECOLOGIC MANAGEMENT OF PREGNANCY AND THE NEWBORN

Dr. John G. MacLennan

Definition

Generally speaking, the term allergy refers to diseases such as hay fever, asthma, infantile eczema and some other selected cases of digestive complaints and chronic rhinitis. These diseases must be confirmed by laboratory immunologic tests to be accepted as being "allergic". Usually, any other complaints experienced by the patient are considered to be unrelated to the allergic process and to be caused by another mechanism, such as nerves. Professionals and laymen have been taught to believe in "compartmentalized" medicine wherein symptoms produced in various organ systems are separate entities. If, furthermore, no cause can be found for symptoms, then they are considered to be nervous in origin and are treated accordingly with tranquilizers, sedatives, analgesics, etc., and/or psychotherapy. There is one circulation system which bathes all tissue cells of the body, bringing all nutrients, insults as well as defences, to the cells. The ecologic concept accepts the premise that in the hypersensitive individual all reactions, no matter how bizarre, unusual or unexpected, are related until proven otherwise.

Human Ecology refers to the study of man's relationship to the entire environment: including everything that he inhales, both particulate such as dust, mould spores, pollens, etc., and gaseous, such as smokes, fumes and odours; everything that he eats or drinks; everything that comes in contact with the skin, or is injected into the body, such as insect venom, drugs, etc. The commonest causes of illness are hypersensitivities to particulate inhalants, chemicals, including drugs (because most are derived from fossil fuels) and foods. Other exposures, which may be involved, to a lesser degree, include physical factors such as heat, cold, light, sound, wind, barometric pressure, and possibly high frequency radiation. Consideration must also be given to the effects of psychologic stress related to economic, political, and interpersonal relationships.

Hans Seyle of Montreal is the world's authority on stress and the effects that it has on man and animals. The proper amount of stress in our lives is stimulating and we thrive and grow by adapting successfully to these pressures. If we maladapt to environmental stress, we become ill. The diagnosis, treatment, and management of the symptoms and diseases caused by this maladaptation to any or all environmental exposures comprises the field of Clinical Ecology.

The Importance of Accurate Diagnosis

If the disease is allowed to persist, undiagnosed, multiple causes will eventually produce multiple symptoms in many different organ systems of the body. A good example is the infant born of hypersensitive parents who is immediately weaned and placed on cow's milk formula. The baby develops colic and spitting up or vomiting and diarrhea for several months.

This may disappear and be followed in a few months, or a year or so, with respiratory symptoms such as winter colds; there may be signs of retarded physical and mental development or of hyperactivity. Later on, in the teens and twenties, hay fever, asthma, rheumatic pains, stomach upset, headaches, and fatigue may appear in addition to the previous symptoms. By the time this individual reaches thirty or forty years of age, he is chronically ill with multiple complaints; he has made the rounds of many doctors and is taking several different medications on a daily basis. Most or all of his laboratory tests are negative for organic disease and the symptoms, therefore, are frequently labelled as "nervous" in origin. The individual may become discouraged and depressed because no reason for his symptoms can be found and because no one, including members of his family, believe that he is really sick.

The "Why" of Hypersensitivity

People become allergic or hypersensitive to different exposures because they have an inherited predisposition to develop sensitivities. Given a sufficiently high dosage to an exposure for a sufficient duration of time, they will develop sensitivities. It is not surprising, therefore, that the genetically predisposed infant most frequently becomes sensitive to cow's milk, for it is the major item in his diet for the first few weeks and months of his life. If a medium-sized adult were to consume a comparable amount of milk on a pound for pound basis, the adult would need to drink approximately five gallons of cow's milk per day.

Generally speaking, the greater the degree of sensitivity and activity of disease in the parents and their forebearers, the earlier severe disease will appear in the infant. When only one parent exhibits active disease, then the child has slightly less likelihood of developing the disease at an early age. Occasionally, the disease will skip a generation, with the grandparents and their relatives showing evidence of disease, but the parent being symptom-free. Even then, however, ecologic principles of management should be followed with the pregnancy.

Conception

The prevention of disease is a much superior approach to human health than trying to correct the disease after it has become established. It is imperative, therefore, that the mother should be as close to symptom-free as possible at the time of conception. Ideally, both parents should be symptom-free at this time. It should be explained, prior to conception, that both parents should undergo a complete ecologic investigation and stabilization of their hypersensitivities if the family history is strongly positive for allergic disease. By this means we are assured that the pregnancy will be established on a safe course.

Before planning a program of ecologic management for a pregnancy, it is necessary to know what problems and specific sensitivities require our attention. It is also imperative that the presence of organic disease and psychiatric causes be excluded first.

A Case History

A young married woman of twenty-two was referred to us for diagnosis and treatment of hay fever and bronchial asthma. During the course of taking the history, she indicated a desire to start a family in the near future. Her family history indicated that her father suffered from hives and hay fever and her mother and grandmother had chronic headaches and chronic indigestion. Her history also told us that she had had colic and eczema in infancy and early childhood. She had also had nose bleeds, bed-wetting, and a few nightmares until she was eight years of age. She had later developed hay fever and, later still, bronchial asthma. Around puberty, she had developed sporadic headaches which had become more frequent and more severe during the past five years. In recent years she had also developed gaseous indigestion.

Our ecologic investigation proved that she was clinically sensitive to the following particulate inhalants: house dust, mould spores, cat hair, feathers, grass, and ragweed pollens. She was placed on a program of hyposensitization or injection treatments with all of these inhalant antigens in order to reduce her sensitivities to these causes. She received instructions for proper control of dust in the home and she was asked to get rid of the family cat.

Our studies also showed that she was strongly sensitive to a number of foods. Accordingly, she was instructed to avoid wheat, milk, cheese, sugar, yeast, and orange. The remainder of the foods were arranged in a "Rotary Diversified Diet" so that no food was eaten more often than once every five days. Most food sensitivities can be handled by the body provided the foods are not eaten too frequently nor in too large quantities. Most of the population would benefit from and enjoy a rotary diet because of the greater variety of foods eaten and the reduced possibility of developing food sensitivities. The individual possessing a complex medical problem caused by multiple sensitivities including foods should remain on a rotary diet indefinitely.

In addition to the inhalant and food sensitivities, we found that our young patient also had sensitivities - according to her history, and confirmed by our testing - to a large number of environmental exposures. She was sensitive to chlorine and fluorides, therefore, it is necessary for her to use clean spring or well-water for drinking and cooking purposes. She must avoid fluoride tooth-paste and use a mixture of sea salt and soda instead. She also reacted to tobacco smoke, perfumes, auto exhaust, sponge rubber, synthetic materials, furnace oil fumes, and food

additives. This type of clinical sensitivity complicates the problem greatly. Because of these reactions, it is essential that she avoid all unnecessary drugs, during the pregnancy in particular, and at anytime in her life. Fortunately, she does not have a sponge rubber mattress, but she will need to change her sponge pillow to Kapok or cotton. The patient must stop smoking immediately and no one must be allowed to smoke in the house. No aerosol sprays or strong-smelling cleaning compounds can be used. Perfumes, hair sprays, after-shave lotions and deodorants must be avoided. Because of her sensitivity to food additives, natural or organically-grown foods should be used in the rotation diet and all foods should be cooked at home. All convenience, precooked, and prepared foods must be avoided. Usually, good, naturally-grown foods will supply all the necessary vitamins and minerals for the pregnancy. Dietary supplements of calcium, vitamins B and C can be added when necessary. All food colours, dyes, flavours, junk foods, snacks, and pop must be avoided.

The Pregnancy

The immediate and future health of the fetus and newborn is determined largely by its genetic inheritance and by the health and behaviour of the mother during her pregnancy. It has been well documented that infants can be sensitized in utero to various foods that the mother eats, particularly if the mother has various cravings during pregnancy, and if she satisfies these with overeating. It is important to study the behaviour of the child in utero, because fluctuating bursts of hyperactivity may indicate that the child is also reacting to some exposure to which the mother is reacting.

Delivery

Only the minimum of medication should be used during labour and delivery and only if absolutely necessary! If an adverse reaction to anaesthetic or drugs is experienced during or following delivery, the free use of oxygen therapy for up to one hour often will control the symptoms.

The Newborn

The ecologic principles of management for the newborn are similar to those for the parents. The infant's wardrobe and the internal furnishings of the home should be made of natural fibers: cotton, linen, silk, wool. The best type of heating for the home is electric, solar or a heat pump, thus avoiding exposure to fossil fuel fumes and their combustion by-products.

Feeding

1) Breast-Feeding

The mother, having properly prepared her breasts during the pregnancy, will embark on a long-term breast feeding program which should continue for a minimum period of twelve months. No solid foods or dietary supplements should be added to the infant's diet for the first four to five months if the supply of breast milk is adequate. This allows the infant's digestive tract to mature, so that it can handle the foods with less prospect of adverse reactions.

During the breast-feeding stage of the management, careful observation of the infant may show variations in health or behaviour. Any abnormalities are probably due to food antigens which are transmitted to the infant via the breast milk. The cause can usually be detected by studying the mother's rotary diet. The infant's symptoms probably will appear on the same day of each rotation. A specific food group is then suspect. Further proof can be provided by removing the suspected food from the mother's diet and reinserting it on the next rotation. The infant's symptoms should disappear with the removal and recur with the reintroduction of the suspected food, which is then deleted from the mother's diet for a period of four to six months and then tested again. Note that the mother's and infant's sensitivities are not necessarily identical.

2) Solids

When the time has arrived to add solid foods and other fluids to the diet, avoid processed commercial foods. Use organically grown foods, processed, packaged, and finally, cooked at home. Make full use of your blender and juicer. Use a three or four day rotation beginning with fruits and vegetables followed by meats, poultry, and finally, cereals. Wheat, corn, eggs, and citrus fruits are withheld from the infant's diet for the first twelve months. The first cereals to be used are rice, barley, and oats. Cane-sugar is excluded and honey and maple syrup may be used sparingly in rotation. The rotation of the infant's diet will quickly identify foods which are not tolerated. These foods should be deleted for a month or two and then added again on a trial basis.

Conclusion

The diagnosis and treatment of the specific causes of medical problems is much superior to the treatment of symptoms. Likewise, the prevention of disease is the ultimate in medical management. Breast-feeding along with an ecologic approach to the management of our children's lives will remarkably reduce the future incidence of disease and chronic ill-health and better equip our future generations to meet life's challenges

and solve society's problems.

We have recently been made aware that some present-day diseases have their origin in environmental exposures which occurred twenty to forty years ago. This should cause us to think about what our actions are doing inadvertently to our future unborn society. We have become the over-medicated, synthesized society. In many cases our entire living environment is synthetic in origin. Contamination of the air, food, and water is increasing progressively and this constant over-exposure will probably prevent our increasingly hypersensitive constitutions from adapting successfully to our environment.

We are unable to, and have no desire, to turn back the clock of "progress" entirely. Salvation for the hypersensitive individual lies in acquiring clean air, clean water, and clean food and in the return to a simpler way of life with the preparation of his own foods and meals. He can then better cope with or adapt successfully to the contaminated atmosphere in which he must work and live.

Adequate knowledge and preparation may prevent future development of disease. We have an awesome responsibility to our future society and to generations to come.

* Presented at the 6th International Conference of the La Lèche League in Toronto, Ontario, July 15, 1977.

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1977 Hamilton, Ontario



"NEXT TIME I'M MOVING INTO
A PLACE WITHOUT FORMALDEHYDE!"



"SMOG.... PERFUME....
DUST.... MOULDS. .
IF YOU ASK ME, I'M SAFER HERE!"

INFANT NUTRITION AND FEEDING

Dr. Del Stigler

Feeding Versus Nutrition

Nutrition in the first year of life is basic to infant, child and adult health. Our goal is to provide good nutrition; however, infant nutrition has received little emphasis in present medical education. Lacking information as to nutritional adequacy and proper diet, the physician focuses on feeding rather than on nutrition.

Feeding is simply the mechanical action by which food is transferred to the mouth and to the gut of the infant.

Nutrition refers to the nature and nurturing properties of the material being assimilated as food.

Nutrition in its broadest sense has to do with the character, quantity, constituents, and bio-availability of all of the nutrients in material delivered to the infant. In early life, we are most concerned with: water, energy of calories, fat, sugar, protein content, trace minerals, and vitamins. Regardless of the attractiveness of its packaging or the method of presentation, the infant must receive feedings which are appropriate and contain all of the nutritional elements.

Since the physician focuses on infant feeding rather than nutrition, the mother frequently becomes the decision-maker concerning her infant's nutrition. The mother's goal also is to provide good nutrition for her infant, but, lacking knowledge, she may choose substances which prove to be nutritionally inadequate.

"Nature's Plan"

For millennia nature has striven to present an infant's early nutrition in its most acceptable form. Human milk is the best adapted feeding for infants, cow's milk for young calves, seal's milk for seal pups. Nature has genetically adapted the various organisms to best handle milk from their own species. A quick glance at the different constituents will outline why this may be. Cow's milk contains approximately three times as much protein as human milk because the calf is soon weaned to relatively low protein grass. Seal milk contains approximately ten times as much fat as does human milk. The energy requirements of the young seal mandate the transfer of many calories in the form of fat for the seal pup must create enormous quantities of heat to survive in its environment. Human milk contains approximately twice as much sugar as does cow's milk because the human brain and human metabolism is adapted to this form of feeding. It provides the proper quantity and quality of protein, fat, carbohydrates, and electrolytes a term-infant needs for optimal growth and development in the first year of life. The volume of milk the average mother produces is sufficient to nourish the normal infant completely.

Breast Feeding

Volumes have been written on the techniques of successful breast feeding but, in the final analysis, a comfortable and content mother and a hungry baby brought together soon after birth most often lead to a successful experience in feeding for both. Over the past few years, we have confirmed many of the facts which we have always "known to be true". We know that children who are breast fed have significantly fewer infections during the time that they are on the breast. This is in large measure a result of the protective effects exerted by antibodies transferred from the mother to the baby. These antibodies include factors which protect the gut lining from bacterial invasion called IGA. We know that the bacteria in the baby's bowel are influenced by the blood cell factors, the white corpuscles which are brought into the baby's gut through the milk, as well as by other immune globulins which are transferred through the breast milk. There are also important nutritional components in milk called ligands, which are not well defined, but which assist in the transfer of iron to the baby's body, assist in the transfer of minerals such as zinc and copper, calcium and phosphorus. Although the total mineral content of human milk is less than one-third that of cow's milk, it is quite sufficient to permit very adequate nutrition in the infant.

Formula Feeding

1) Cow's Milk

While human milk is ideally constituted for the human infant, cow's milk, to be suitable must be modified by changing the various constituents. The amount of fat contained in human and cow's milk is relatively equal. The protein, however, must be diluted with water to make the cow's milk more nearly balanced with human, and the amount of sugar must be approximately doubled to provide the same level of energy. If "unbalanced" (skim) cow's milk is used in early infant feeding, the child is overloaded on protein. He may then have problems with digesting the cow's milk protein or he may be undernourished for energy because there is insufficient sugar to promote proper metabolism. The commercial cow's milk formulas are carefully blended with various substances to bring a closer balance with human milk. The protein is reduced in amount, the balance between casein and lactalbumin, an important fraction in all milks, is changed to more nearly approximate that of human milk. The amount of sugar is adjusted with either corn sugar solids or cane sugar. The saturated fats are removed and replaced with unsaturated fats from vegetable sources such as coconut oil, soy oil, or corn oil. The major salts such as sodium, potassium, and calcium are balanced and trace nutrients are supplemented.

2) Soy Protein Formula

Soy protein formula is similarly contrived. After a great deal of effort and no little expense, a product is produced which is nutritionally adequate for the infant

and when presented with a proper feeding technique, will lead to successful nurturing of the infant leading to adequate growth.

The First Six Months

Breast milk or any one of several proprietary formulas should constitute the greatest part of infants' feedings during the first six months of life. It is rare that an infant needs anything more than a little supplemental water to thrive during this time period.

Feeding, in this period, really means getting enough volume of the appropriate food into the mouth and the gut to permit digestion and assimilation of adequate water, energy (fat and sugar), and protein. If these requirements are met, then the appropriate amounts of vitamins and minerals should be supplied.

There is little evidence to suggest that the addition of solid foods to any normal infant's diet in any way contributes to his well-being. It is a seldom thing for the infant to appreciate the presentation of anything other than the nipple with milk to his mouth in this time period.

Possible Feeding Problems

1) Underfeeding

Underfeeding is suggested by restlessness and crying and by failure to gain weight adequately in spite of the infant's completely emptying the bottles or the breast. Underfeeding may also result when the infant fails to take a sufficient quantity of food even when adequate amounts are offered. Factors to be considered in underfeeding include: immaturity of the baby, frequency of feedings, actual mechanics of presentation of the nipple, size of holes in the nipple, adequacy of burping and a possibility of disordered mother-infant "bonding" or parental relationships. Possible systemic disease of the baby should also be investigated.

2) Overfeeding

Overfeeding may be manifested by regurgitation and vomiting in the face of adequate weight gain. Often these infants are restless and uncomfortable because of stomach distention caused by excess amounts of food. Formulae too high in fat may slow the emptying of the stomach, formulae too high in carbohydrates may cause fermentation of the sugar in the bowel and result in gas production. Formulae too high in energy content the first few days of life are likely to result in loose stools. "Unbalanced" formulas may be deficient in some essential proteins, vitamins, and minerals.

3) Colic

"Colic" may occur in bottle fed or breast fed infants - generally under the age of three months. The infant generally presents evidence of cramping abdominal pain and severe crying. The legs may be drawn up on the abdomen - although they may be momentarily extended; the hands and feet may be cold, the face may be flushed or drawn, the hands are generally clenched. Crying is loud and more or less continuous, often lasting until the infant is completely exhausted. Occasionally there is relief from passing stool or gas. The cause of the attacks is not usually readily apparent. They may be caused by hunger, swallowed air which is passed into the intestine, overfeeding, certain foods, especially those with large curd size such as whole unmodified milk, or by excess carbohydrate content as is found in condensed milk. Children with intestinal allergy cry because of intestinal discomfort, but colic is not limited to this group. Rarely, a changed formula will entirely solve the problem. Most usually, however, recurrent attacks in the afternoon or evening suggest events in the household routine are triggering the attack. Parental worry, fear, anger, or excitement can cause vomiting in the older children and may cause colic in an infant. Measures such as feeding the baby almost upright or permitting him to lie across the lap or on a warm water bottle or heating pad are occasionally helpful. In extreme cases, hospitalization of the child is suggested to permit parental rest. During hospitalization several steps are used to identify the cause of the attacks: feeding techniques, provision of a stable and quiet emotional environment, identification of possible allergy-producing foods in the mother's diet, attempts to eliminate allergenic foods in the infant's diet, and avoidance of underfeeding or overfeeding.

The Psychological Factor

Successful early infant feeding demands a great deal of cooperation between mother and child. Later, this cooperative adventure is extended to include both parents and infant and siblings. Regardless of the modality of feeding, whether breast or formula, feeding time should be a pleasurable experience. The young infant is quick to sense any internal tension or reticence toward interaction and feedback from the mother.

The Introduction of Solid Foods

Solid foods should be started when there is evidence of oral awareness manifested by the infant's putting fingers and objects into his mouth and by chewing and sucking motions not associated with the nipple. Any new food should be offered to the infant in small amounts and presented in a finely divided or pureed form. Bland or neutral foods are generally best accepted. These would include the various root vegetables and green vegetables.

If prepared foods are used, an appropriate amount should be dipped out of the sealed jar with a clean or sterile spoon, the jar resealed, and refrigerated promptly. The baby should

be fed with a small spoon which fits the mouth. The infant is accustomed to pushing and pulling with the tongue in order to strip milk from a nipple; therefore, if the food is not placed well back on the tongue, the mother may misinterpret the pushing of the tongue as spitting back of the food. By putting the food well back on the tongue, the infant is able to swallow it and learn to handle the act of swallowing more efficiently.

I encourage the feeding of all foods in rotation. There are six easily available, satisfactory, pureed infant vegetables: peas, squash, carrots, green beans, red beets, and sweet potatoes. By utilizing these simple, plain vegetables, what is termed a "diversified rotary diet" can be built up. Instead of offering the food each day until the jar is completely emptied, I encourage parents to offer a new food each day in rotation; thus, at lunch or dinner on the first day, the infant could be offered peas; on the second day squash; on the third day carrots; on the fourth day green beans; on the fifth day red beets, and on the sixth day sweet potatoes. If at first the infant does not consume enough to seem worth your while, the baby food jars and lids can be processed through a dishwasher and the food divided into two or three servings and frozen promptly. Generally this is no problem. Within a few weeks, the baby will rapidly progress to eating a whole jar of age and weight appropriate amounts of six to eight ounces of solids plus four to eight ounces of liquids per meal.

As the infant appears to acquire a taste for solid foods, variety can be introduced. Fruits may be introduced either at the same meal as vegetables or at an earlier or later meal in the day. First fruits would include prepared, pureed apples, peaches, and banana. The banana is best prepared either by selecting a very ripe one or by peeling and baking the appropriate amount in the oven for approximately 15 minutes at 250°. This serves to decompose the sugars in the banana just as baking a potato decomposes the starches.

Meats may be introduced next. Use beef, pork and lamb first, then seafood, fish and fowl.

Cereal grains are introduced last and, insofar as possible, in their pure form. This is most easily done by utilizing cooked cereals which can be prepared as a family type of meal. Easily available whole grain cereals include rice, rye, millet, barley, wheat, oats, and corn. If a quick whole grain cereal is desired, puffed wheat, puffed rice, and puffed millet are usually available. Later, whole grain crackers and breads can be used.

If the infant can tolerate the simple foods introduced in this diversified rotary fashion, the foods can now be combined to make three simple satisfying meals and family table foods can be readily adapted to broadened the diet.

As more and more energy is supplied by solid foods in the infant's diet, less formula need be offered. Usually the infant will spontaneously reduce the amount of formula consumed - but this must be made up for by offering water more frequently through the day. Water should be encouraged as the only between-meal beverage. If fruit juices are introduced as a between-meal

beverage, variations in blood sugar levels will occur because they are rapidly absorbed and the sugars supplied do not have the stabilizing effect of fats and proteins to balance them. If infants are not encouraged to develop a "sweet tooth" at this time, they rarely become sugar-cravers and snackers in later years.

I generally do not introduce prepared foods below the age of 18 months. This would include things such as yellow cheese, peanut butter, jello, pop, cookies, or any other concentrated starches or sugars that would contain preservatives or artificial flavouring or colouring. We try to discourage all of these products as long as possible or until the child starts to school where he is exposed to them. As a rule of thumb, the later in life these materials are introduced, the less chance there is of developing a sensitivity or a fixed food allergy.



"WHEN YOUR PAPPY IS A
DAIRY FARMER - YOU HAVE
TO WATCH WHAT YOU DRINK!"



"WHOOPEE! THIS
COW JUICE MAKES ME
FEEL JUST GREAT!"

PRACTICAL SUGGESTIONS FOR THE MOTHER

Dr. Del Stigler

The occurrence of sensitivities to common household antigens such as dust, molds, dog and cat hair, foods, tobacco smoke, chemicals, foods, and additives tends to run in families.

If blood relatives of the patient are known to have had asthma, hay fever, eczema, ear infections, gastrointestinal hypersensitivity to foods, the patient is an "at risk" individual.

If both parents have any of the several manifestations, it is an "at risk" family.

The development of allergic symptoms in an individual depends on his susceptibility, the antigenicity of the substance, whether foods, or fumes, or inhalants, and the frequency and duration of exposure. Sometimes an outdoor dog can be tolerated, but an indoor cat, in the bedroom, sleeping on a child's bed, will almost always produce trouble. Often the history of the illness suggests specific causes of the symptoms presented.

If the mother, especially, knows of any sensitivity to specific foods, it is likely that the child will share her specificity. Problems arising during nursing can frequently be traced to the mother's over-utilization of milk, cheese, eggs, wheat, corn, chocolate, nuts and fish, although literally anything can cause problems.

In planning family meals, it is best to cook from basic ingredients so as to avoid the "common denominators" in prepared foods such as colourings, flavourings, seasonings and preservatives. Ideally, a "Diversified Rotary Diet" should be utilized. Old standby recipes can be adapted or new ones devised to add variety to simple foods.

A "Basic Diet" would take into account the reasonable availability of fresh produce and meats. It is the ingestion of staples and the repetitive ingestion of similar foods that pre-dispose the child to development of food intolerances. As a guide to minimizing these exposures, you should:

1) Avoid:

- Artificial colours
- Artificial flavours
- Chocolate, cocoa, cola drinks
- Coffee and tea
- Flavour enhancers (MSG, citric acid)
- Preservatives (BHA, BHT, Nitrites)
- Refined starches (cornstarch, white flour)
- Sugar (brown sugar, white sugar, corn syrup, molasses)

2) Limit Quantities:

- Honey and maple syrup
- Natural sugars (dates, dried fruits, grapes, plums, prunes, raisins)
- Milk (no more than 1 pint per day total)
- Pasta (macaroni, noodles, spaghetti)

3) Use As Needed:

Brown rice
Dried peas and beans
Fresh fruits (all types)
Fresh meats, fish, poultry
Nuts in the shell
Seeds (sunflower, sesame, sprouts)
Uncoloured whole-milk cheese, cottage cheese
Water
Whole grain cereals
Whole grain flour (breads)

If symptoms develop for which a cause cannot be found, keep a diary of activities, foods eaten, and symptoms experienced. This "Diagnostic Diary" is a useful tool when properly used. It is important to be accurate and precise or confusion may be caused or poor results obtained. It is important to list all symptoms; frequently other problems will be related: "Nose still stuffy, bowel same, bedwetting stopped".

If the patient is better on the routine suggested, continue the diary for fourteen days.

If the patient is not better, record more precisely so that the physician can tell if the diet was misunderstood or improperly used.

If the patient is worse after five days, stop the diet and have him rechecked. When, for example, the patient is placed on a milk-free diet, he may drink more citrus or apple juice or soy milk, and if he is allergic to one of them, the symptoms may be worse. In addition, the offending substance may be found in an obscure form: eggs in root beer (foam enhancer), salad dressing (emulsifier) or noodles.

When a food is returned to or "challenged" on the diet, the quantity taken must be in excess, that is, one portion at lunch and one portion at supper. If only a small amount is ingested, it may not be enough to trigger a recognizable reaction. On the other hand, if a clear reaction occurs after lunch, do not repeat the food at supper.



"I'LL JUST KEEP SENDING
'EM BACK TIL SHE LEARNS
THAT POACHED EGGS
MAKE ME SICK!"

INFANT FEEDING GUIDE (Dr. Del Stigler)

(A) The First Six Months

Offer only:

Breast milk
Commercial modified cow's milk formula
Commercial soy bean formula
Water
Exceptionally, other specialized formulae or solutions

(B) The Next Six Months

Breast milk or the chosen formula should supply the greatest part of the caloric (energy) intake.

Offer only water between feedings.

Solid foods are introduced one at a time starting with vegetables. Three meals a day are usual by nine to twelve months.

Vegetables (Cooked)

<u>First:</u> Peas*	<u>Later:</u> Potato
Squash	Broccoli
Carrots	Cabbage
Green beans*	Other peas and beans*
Red beets	Combination vegetables*
Sweet potatoes	Celery, asparagus

* Watch for a reaction if the child is on soy formula.

Fruits (Cooked)

<u>First:</u> Apple	<u>Later:</u> Apricots	Pineapple
Peach	Plums	Cherries
Banana	Pears	Grapes

Meats

<u>First:</u> Beef* (veal, liver)	<u>Later:</u> Fish (salmon, tuna, turbot)
Pork*	Shellfish (shrimp, crab, oyster)
Lamb*	Fowl (turkey, chicken, duck)

*Watch for a reaction if the child is on cow's milk formula.

Cereals

<u>First:</u> Rice	<u>Later:</u> Wheat
Oat	Millet Corn
Rye	Barley

(C) Avoid until after the first birthday or later:

Orange	Eggs
Grapefruit	Ham
Lemon	Bacon
Lime	

(D) Avoid until after the second birthday or later:

Peanut butter
Chocolate
Cola
Candy
Nuts, nut butters

Spices (especially cinnamon)
Food Colourings
Artificial Flavourings
Whole Milk
Seed butters

(E) Always

1. Introduce one new food at a time.
2. Watch for "colds" or runny nose, cough, sneezing, increased fussiness, diarrhea, rash, vomiting. Think of these symptoms in relation to the foods of the day or the day before.
3. Remember to ROTATE the foods. A food is to be offered ONLY ONCE EVERY THIRD DAY.
4. Use only water as between meal beverage.

The "Three Day Rotation Diet" is continued for as long as possible for the growing child. If your child eats by these directions, it is unlikely he will grow up craving sweets and junk foods. He will instead demand good, nutritious foods.



"SHE'S GOTTA BE KIDDING!"
ON OUR WAY TO THE HOSPITAL
SHE GETS A CRAVING FOR PIZZA!!"



"EARTHQUAKE - HELL!"
MOM JUST ATE ANOTHER TACO!

RELATIVE DEGREES OF ALLERGENICITY OF FOODS

<u>COMMONLY CAUSE</u> <u>ALLERGIES</u>	<u>SOMETIMES CAUSE</u> <u>ALLERGIES</u>	<u>SELDOM CAUSE</u> <u>ALLERGIES</u>
Alcohol (in adults)	Bananas	Apricots, apricot juice
Apples	Barley (malt)	Beets
Beef	Beef	Carrots
Berries	Celery	Cranberries and juice
Buckwheat*	Cherries and juice	Frog legs
Cane Sugar	Chicken	Gingerale
**Chocolate (cola)	Colouring agents	Grapes, grape juice
**Cinnamon	Cottonseed	Honey
Coffee	Garlic*	Lamb
**Corn	Grapes, grape juice	Lettuce
**Egg whites*	Melons	Lobster
**Fish* -including	Mushrooms	Peaches, peach juice
crab* and shrimp*	Oats	Pineapples, pineapple juice
**Food colourings	Peppers-green, red	Poi
**Milk	Prunes	Rye
Mustard	Rice	Salmon
**Nuts*-oil, extract	Spices	Salt
**Onions*	Spinach	Squash
**Orange or citrus	Sugars	Sweet potatoes
**Peanut butter	Turkey	Tapioca
**Peas	Vinegar*(apple)	Tea
Pork (bacon*, ham*)	Vitamins	Vanilla extract
Potatoes*	Water-tap	
**Tomatoes	-chlorinated	
Raisins	-softened	
Soy		
**Wheat*		
Yeasts (bakers, brewers)		

N.B. *Odors of these foods can cause symptoms

**Most common causes of allergy

CAUTION: Remember hypersensitivity is an individual experience.
Your child may react to foods in the "Seldom Cause Allergies" list.

By Dr. Del Stigler

Note: Please file carefully the notice for the "H.E.F. Canada Annual Meeting" which accompanies this issue of the Quarterly.

Note: The "Resources Listing" normally found on the last page of the Quarterly will again be included in the June issue.

THE "STEP" APPROACH TO SORTING OUT FOOD PROBLEMS

By Dr. John K. Blair

INTRODUCTION

There is no diet that is safe for everyone. Each person is different. The ideal diet for one person will make another person sick.

When we buy a car we are told which fuel to use. If we want peak performance and long engine life, we must use the optimum fuel. Unfortunately, people are not born with a set of instructions. Each person must find out what sort of fuel (diet) keeps him or her functioning at the best level. Since our bodies are very versatile, we can operate or function on a variety of foods. What we want is the OPTIMUM diet for peak performance. The problem is - which diet is best for you?

The basis of some food problems is allergy. Sometimes antibodies against particular foods are present and when the foods are eaten, these trigger an allergic reaction. Sometimes, however, antibodies are not involved and the mechanism of the reaction is not understood.

The basis of other food problems may be an inability to digest certain foods. The person may not have the right enzymes or a sufficient amount of the right enzymes to digest certain foods. Sometimes it is possible to eat these foods if they are cooked first. Note, however, that frying the food may make it harder to digest. Sometimes these foods can be digested as long as not too much is taken. In other instances, the stomach may not be producing enough acid for good digestion, especially for large protein meals.

Sometimes there is a combination of problems: allergy and poor digestion of certain foods. You are more likely to react to a food if you cannot digest it very well for the process of digestion makes foods safer to absorb. Thus, anything you can do to help your digestion may improve your tolerance to foods. Chew your food well. Digestion is more efficient if you are relaxed. Take your time with the meal. Don't eat too much at one time. It is easier to digest just a few foods than to digest complicated mixed meals. Drinking some water during meals may help.

A food may cause immediate symptoms, but sometimes the reaction is delayed for 12-24 hours. This may depend on how fast the food is absorbed. Foods are absorbed faster if they are refined or processed, for refined foods bypass some of the digestive processes. Each digestive process through which they pass can make the foods safer. The reaction to sugars, syrups, and alcohols is often more dramatic than the reactions to more natural foods, for example.

YOUR FOOD SENSITIVITY IS UNIQUE TO YOU

The degree of sensitivity to a food can vary from person to person. In one person a food might not cause symptoms unless it is taken in excess. In another person, even a tiny amount of the food may cause symptoms.

The degree of sensitivity may vary from time to time depending on other foods or alcohols taken at the same time, exposures to various chemicals and inhalants, presence of an infection, extra mental stress and fatigue. For example, if you are very sensitive to ragweed, you may be more sensitive to everything else during the ragweed season since your system is already "overloaded" trying to cope with the ragweed pollen. Your system can handle only so much stress whether this be mental stress or the stress of eating things to which you are allergic. When you are "overloaded", you develop symptoms.

Some food allergies or sensitivities are permanent (fixed), for example, a life-long sensitivity to eggs or peanuts with symptoms whenever they are consumed. Fortunately, most food allergies or sensitivities are non-fixed and these foods may be tolerated if rotated with other foods in a cycle. If they are still not tolerated, it may be necessary to completely avoid that food, and perhaps the entire food family, for six weeks, or six months, or even twelve months before the food can be tolerated again. Overconsumption, or frequent use (every one, two, or three days) may result in development of increased sensitivity to that food again. Therefore, when a previously troublesome food is re-introduced, it should be rotated with other foods.

THE PROBLEM OF MASKING

Many food problems are masked. There may be a delayed reaction to the food. You may be eating the food regularly enough that you do not realize that it is causing trouble. You may even feel better, or feel stimulated by these foods. You may love them and crave them. You may be addicted to them. Your body may have made adjustments to these foods so that you feel worse if you stop eating these foods. This withdrawal reaction usually lasts but a few days, then you start feeling better. After the addiction pattern has been broken, however, it may only take a couple days for you to get addicted to these foods when you start eating them again.

Another reason for the masking of food allergies is the fact that many foods are hidden: we are eating them without realizing it. Corn is a good example: the dextrose in intravenous solutions is derived from corn; glucose in ketchup is derived from corn; corn syrup is used in peanut butter and in canned fruit; corn sugar is used in most hard candy; corn oil is used in cooking and frying and on salads; margarine may be made from corn oil; corn flakes and grits are corn products; corn is used to make most alcoholic drinks, including some wines; canned soups may contain corn starch. Corn is everywhere and,

unless you are deliberately avoiding it, you are probably getting it in many forms each day. You must get into the habit of carefully reading the labels on all food products.

Allergies may be unmasked by separating exposures to each food into cycles so that the food is cleared completely from your system before the next exposure. If a food cannot be tolerated when eaten in an interrupted pattern, then your system is too sensitive to that food, and you need to avoid it completely until the sensitivity decreases or is lost. If you eat a food to which you are allergic on a regular basis, perhaps in small doses at first, your body can often adapt to it so that the allergy becomes "masked" or "hidden" again at the expense of causing extra stress on your body and perhaps chronic or recurring symptoms.

How Sensitive Are You?

Suppose you find that you are sensitive to a certain food - you feel better when you avoid it, you get symptoms when you eat it -

Find out how sensitive you are to this food.

- 1) Do you have to avoid it completely?
- 2) Can you tolerate small amounts of it each day and be free of symptoms?
- 3) Does the food give you symptoms only when you have too much or when you eat it several days in a row?
- 4) Can you tolerate it if you rotate it with other foods in cycles of 4 or more days?
- 5) Do you have trouble with other foods in the same family and do you need to avoid them or rotate them in cycles of 4 or more days?
- 6) Does the food give you symptoms only when combined with certain other foods but is all right by itself?
- 7) Can you tolerate the food when it is organic or chemically less contaminated?
- 8) If you avoid the food completely for a few weeks or more, does your sensitivity to the food decrease so that you can start eating it again?

The answers to these questions can only be answered by you, by trial and error on your part. Allergy testing will not tell you how much milk you can drink or how often you should eat beef.

MANAGEMENT

THE FIRST STEP

The first step is to leave out those foods that bother you. It is common for people to keep eating certain foods that cause trouble, especially if these foods are supposed to be good for them. If milk bothers you, then leave it alone, and watch out for milk products such as cheese. If oranges bother you, then stop drinking orange juice.

THE SECOND STEP

The next step is to eliminate heavily processed refined foods. Leave out all unnecessary foods. Get your diet down to the basic normal diet.

Leave out soft drinks, semisynthetic fruit drinks, commercial jelly and pudding powders, sugary cereals (most boxed cereals), instant foods, chocolate, candy, gum, pretzels, and dried potato chips. Leave out foods with a lot of colours, additives, flavour enhancers, and preservatives including processed meats, wieners, sausages, meat and fish coatings, boxed casseroles, canned soups, dried soups, and all factory foods. Food from the fast food outlets is often loaded with additives including salt and monosodium glutamate. Get down to the basic foods. If the food was not generally available 100 years ago, then leave it alone for now.

AVOID: SUGAR

The less sugar in the diet the better. Sugar has a bad affect on many people. It can be quite stimulating making children, and some adults, hyperactive. The large amount consumed by most people makes the pancreas produce more insulin. The initial blood sugar rise can be followed by a crash below normal levels (hypoglycemia). There may be mood swings from stimulating to depression with fatigue, weakness, or irritability. The depressed phase of the symptoms is temporarily relieved by more sugar. The cycle is eventually broken by avoiding sugar, and sometimes, by eating regularly enough to maintain the blood sugar in the normal range.

Some people are allergic to cane sugar. Cane is a member of the grass family. Other common sources of sugar (glucose, dextrose) are corn and beets. Food allergies can make the blood sugar level fluctuate. The chemical effect of coffee or caffeine can also make the blood sugar level fluctuate. Some food reactions can mimic hypoglycemia even though the blood sugar level is normal.

In any recipes, try to cut down on the amount of sugar. Half the amount of sugar is usually quite enough. Get used to foods without added sugar. You don't have to use artificial sweeteners either.

SALT

The less salt in your diet the better. Most people consume too much salt and this often leads to high blood pressure. Learn to enjoy food without added salt. You don't have to use salt substitutes.

ALCOHOL

If you are addicted to any form of alcohol, beer, wine, or liquor, it is necessary to overcome this problem before worrying about other foods. Alcohol is just a rapidly absorbed form of food. Addiction to alcohol may be an addiction to the foods used to make the alcohol. These foods include cereal grains: wheat, corn, barley, rye, cane sugar, and also yeast, grapes and potato. Alcohol satisfies the food addiction best because it is absorbed so rapidly.

The next best way to satisfy the addiction is with other rapidly absorbed forms of the foods: refined cereal grains, sugar (candy made from cane or corn sugar, soft drinks), doughnuts, bread, and starchy foods. The addiction to alcohol is maintained and perpetuated by continually eating the foods used to make the alcohol. These same foods, especially corn, are often hidden in our diet in various forms. Be careful. Eventually, when the person feels "down", he or she goes back to the thing that satisfied the addiction best, alcohol. The person quickly feels "up" or stimulated and soon knows how often to drink alcohol in order to stay "up".

The other factor complicating the problem in alcohol addiction is reactive hypoglycemia. Some people try to satisfy this craving by frequently consuming candy, chocolate, sugar foods, coffee with sugar, and soft drinks.

The only way to gain control is to break the addiction to the basic foods such as wheat or corn and to maintain the blood glucose level in the normal range by eating regularly and by avoiding sugar and rapidly absorbed forms of food.

THE NORMAL BASIC DIET

Now you are down to normal, basic, fairly natural foods: meat, vegetables, fruit, juices, nuts, seeds, bread, cereals, milk, salads, eggs, and perhaps, limited amounts of tea and coffee.

You are eating a variety of foods. You are not having too much of any one food. Try to rotate your foods to some extent. Don't eat eggs everyday. Don't eat beef and chicken all the time. Don't drink the same kind of juice everyday. As soon as one type of juice is used up, switch to a new kind. Don't depend on any one food. Keep rotating. Eating a good variety of foods increases your chances of getting all the nutrients. It reduces your chances of developing food allergies. You can easily get fooled by some food that you are eating everyday. Remember, your favourite food can be your worst enemy!

THE THIRD STEP

If you are still having food problems, then some normal foods must be bothering you. The next step is to eliminate one or more major food groups to see if these normal foods are causing trouble. Some of these groups are harder to eliminate than others.

When you are eliminating one food group, don't switch to an excessive amount of something else. You may end up feeling worse instead of better if you substitute the wrong food. When you leave out one food group, continue eating a variety of other foods, rotating them to some extent. When you find major problem foods that cause trouble fairly consistently, then leave these foods out until you get the other (food) problems sorted out.

AVOID: MILK AND MILK PRODUCTS: CHEESE, ICE CREAM, YOGURT

Human beings are the only animals that depend on another animal's milk. Human beings are the only animals that keep getting milk after they are weaned. Who said we have to drink milk? Who said our teeth will fall out and our bones will crumble without milk? What would happen if there were no cows or goats? Would the human race gradually die out?

Milk and milk products make many people sick. Problems include colic, feeding problems in babies and infants, abdominal pains, stuffy noses and sinuses, bedwetting, headaches, muscle pains, indigestion, bloating, mental depression, and learning disabilities. Cheese has the added potential problem of being a "mold" food. If you are very sensitive to milk, you might have to avoid butter as well.

Some people do not have (enough) lactase in their bowel lining. This enzyme digests lactose in milk. If you don't digest lactose, you may get symptoms of bloating, cramps, and diarrhea when you drink milk. This is not a true allergy.

Some people react to milk because they are allergic to proteins or other components or contaminants in the milk. The most common reason for a baby's reacting to his mother's milk is something in the mother's diet such as cow's milk, eggs, citrus fruit, etc.

Eliminate milk and milk products for 7-10 days to see if you feel better. Do you feel worse when you start back on these foods again? If these foods don't bother you, then have them in moderation.

YEAST, MOLD AND FUNGI

You are more likely to be sensitive to this group of foods if you are sensitive to mold in the air. Other clues include recurrent vaginal yeast infections, yeast infections in the mouth (thrush), and recurrent fungal infections of the skin including athlete's foot, ring worm, and fungal infections of the ear canals. Sometimes there is an overgrowth of yeast (candida albicans) in the bowel.

The main source of yeast in our diet is bread, buns, rolls, and crackers. You can avoid yeast by switching to home-made or yeast-free "quick" breads, muffins, biscuits, pancakes, and waffles. Baking soda or baking powder is used instead of yeast.

Yeast is used to make all forms of alcohol - liquor, wine, beer. There is no yeast-free alcoholic drink.

Yeast, mold, and bacteria are used in making vinegar (sour wine). Vinegar is used in many foods including ketchup, chili sauce, mayonnaise, mustard, salad dressings, and pickles. Lemon juice or ascorbic acid solution can be used instead of vinegar to combine with oils in making salad dressings.

Mold is used in making soy sauce.

B vitamins are usually made from yeast. Some yeast-free B vitamins are available, however.

All cheeses are mold foods.

Antibiotics are made from mold. Penicillium mold makes penicillin.

Brewer's yeast is a frequent dietary supplement but I never recommend it since so many people are sensitive to yeast.

Mushrooms are a member of the yeast-mold-fungi family.

There are other yeast-mold foods but it is not hard to avoid the main sources for at least 7-10 days to see if this category of foods bothers you.

If you have a yeast or fungal infection, then you will need to avoid this food group for a longer period of time until your resistance builds up. Some people always have to be cautious with yeast-mold foods.

CEREAL GRAINS (GRASS FAMILY)

Cereal grains are usually a major component of the diet and they can cause a lot of trouble. This group includes wheat, rye, oats, barley, corn, rice, millet, sorgham, and cane sugar. Wheat and corn cause trouble more often than the other cereals because they are usually eaten daily.

In relation to the long history of mankind, agriculture is a recent development. Cultivation of crops allowed more people to live together and allowed civilizations to develop. Just the same, our original ancestors did not eat cereal grains - and certainly not in the quantities that we eat them. Not all of us can digest cereal grains very well. Although we depend on them for calories and nourishment, we do not need them to be healthy. Other foods can supply the same nutrients.

Cereal grains can cause a variety of problems including headaches, fatigue, mental depression, confusion, indigestion, and joint pains.

The gluten protein in wheat, rye, oats and barley causes celiac disease. This affects about 1 in 3000 people. The actual prevalence is not clear since there are many cases that are not recognized. There is a change in the lining of the small bowel that results in a loss of surface area for digestion and absorption. Problems include malabsorption, indigestion, bloating, diarrhea and malnutrition. This gluten sensitivity can show itself at any age from infancy to old age.

The problems are solved by avoiding gluten. It may be necessary to avoid gluten for at least 2-3 weeks to allow the bowel to start healing itself. As far as I know, this sensitivity to gluten is permanent and it is necessary to continue avoiding gluten for life.

It is not easy to avoid cereal grains, but it can be done. Eat what our ancestors ate: meat, fruits, vegetables, nuts, berries, seeds (sunflower seeds, sesame seeds, pumpkin seeds). All the nourishment you need is in these foods. Avoid all cereal grains for 7-10 days to see if this helps your problems. If gluten is the problem, you may need to avoid gluten for 2-3 weeks before you start seeing the benefit. Don't forget to keep rotating the other foods when avoiding the cereal grains. Don't trust any one food completely. Use no food in excess; use everything in moderation.

THE ELIMINATION DIET

Cereal-free, Yeast-free, Milk-free Diet

Avoid bread, buns, rolls, crackers, muffins, biscuits, cookies, spaghetti, macaroni, noodles, breakfast cereals, rice, sugar, corn products, milk, cheese, ice cream, yogurt, alcohol, vinegar, pickles, soft drinks, chocolate, substitute coffees made from cereal grains, and foods containing sugar, colours and additives.

You may or may not want to go through the withdrawal of tea and coffee if you are addicted to these. Both of these drinks can cause many symptoms. At least reduce your consumption to 3-4 cups daily. You could switch from coffee to clear tea. You could switch to different herb teas. It is absolutely essential for some people to avoid tea and coffee in order to stay well. The main beverages in an elimination diet are (safe) water, unsweetened juices, and different herb teas.



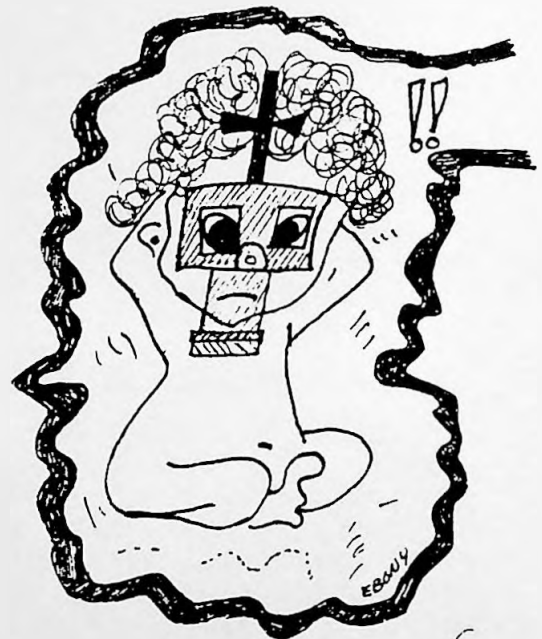
DEAR DOC:

"MY MOM SMOKES AND IT MAKES
ME COUGH. HOW CAN I STOP HER?"
EBONY

DEAR EBONY:

BLOW THE SMOKE RIGHT BACK
AT HER!

DOC



"WHO LOOKS STRANGE?" "I JUST
HEARD MOM SAY WE'RE GOING
SHOPPING IN THE CITY TODAY!"

EXAMPLE: "Cereal-free, Yeast-free, Milk-free"

FOODS ALLOWED

AVOID

Meat-Fish-Fowl-Seafood

beef, veal
pork
lamb
chicken and eggs
turkey, duck, goose
all types of fish
scallops, crab, lobster

Avoid milk, cheese, ice cream, yogurt.
Avoid processed meats, bacon, ham, wieners, sausages, cold cuts, bologna, luncheon meats. You might need to avoid eggs if you tend to eat them several times per week.
Avoid breading, stuffing, sauces.
Use arrowroot flour to thicken gravy.

Vegetables

All types except corn (which is a cereal grain)

Fruit

All types

Unsweetened fruit juices

Avoid citrus fruit and citrus fruit juices if you tend to have them frequently each week.

Other Foods

All types of nuts
Sunflower seeds and oil
Sesame seeds and oil
Pumpkin seeds
Achieve margarine (mostly sunflower)
Blue Bonnet margarine (mostly soy)
Butter (butter might be a problem if you are very sensitive to milk)
Raisins, figs, dates, coconut
Tapioca made with fruit juice
Arrowroot flour
Soyflour
Honey, maple syrup

Avoid peanuts and peanut butter if you tend to eat them frequently each week.

General Notes on "The Elimination Diet"

Leave out any foods that consistently bother you. You may want to leave out any foods that you strongly suspect. The more you rotate the remaining foods, the better. It is sometimes necessary to use a more severe elimination diet leaving out all the foods that are eaten frequently each week, for example: beef, pork, chicken, citrus, apple, lettuce, and potato. Look through the food families and you see many other choices. Protein food choices include turkey, lamb, duck, goose, and all types of fish and seafood.

Alternative Meals

In carrying out an elimination diet, you must overcome your ideas of what is normal for breakfast and what is normal for lunch. Your stomach may know it is time to eat, but it does not know which food is supposed to come next. Just remember - food is food.

Possibilities for breakfast, lunch and snacks

Fruit: apple, apple juice, Welch's or other brand of unsweetened grape juice, grapes, pineapple, pineapple juice

Nuts: peanuts, pure peanut butter, walnuts, Brazil nuts, hazel nuts, pecans, pine nuts, almonds, cashews

Seeds: sunflower seeds, pumpkin seeds

Mixes: nuts, seeds, raisins, dried fruit, dried coconut

Dates, coconut

Figs

Fish, Scallops

Hot or cold left-over chicken, beef, hamburger patty, pork, pork chop

Tapioca made with fruit juice and fruit

Vegetables: any type of cooked vegetables
Baked potato, home fries
raw vegetables, carrots, broccoli, cauliflower,
celery, tomato, tomato juice, vegetable juices

Salads: lettuce, spinach

WHY YOU MAY STILL HAVE PROBLEMS

THE TIME LAG

If you are still having food problems on an elimination diet, then you may have left in something that bothers you. Another factor which may explain your problem is the time lag between leaving something out and getting better. There may be a time lag of 7-14 days in getting eczema cleared up. There may be a time lag of 2-3 weeks in noticing improvement in gluten-sensitive bowel disease. It takes time for ulcerative colitis to heal and time for yeast and fungal infections to clear. The question is not always, "How you are?" but, "In what direction you are going?" Are you making progress? Patience and persistence will win out in the long run. You still have to take into account mental attitudes, determination to get better, dust, mold, pollen and other inhalant allergies, and chemical sensitivity. The water you are drinking has to be safe, for sometimes the water you are drinking is causing many of the symptoms. We have to eliminate any infections, including yeast and fungal infections. Many smokers have no chance of getting well until they stop smoking.

CHEMICAL CONTAMINANTS

A major problem can be "invisible" additives or chemical contaminants in our foods and water. This is especially important for those people with obvious sensitivities to chemical fumes: tobacco smoke, car exhaust, perfumes, disinfectants, formaldehyde and sensitivities to various drugs and antibiotics. Food animals are often given antibiotics, hormones and chemical supplements to stimulate growth and keep them "healthy". Pesticides, insecticides, and herbicides may contaminate our foods during growth and after harvesting. One solution to this problem is to grow some of your own food using "organic" methods. There are many sources for buying organic foods. You can gradually include more and more organic foods in your diet. If regular beef bothers you, you might be able to tolerate organic beef perfectly well. This applies to all other foods as well. The Human Ecology Foundation of Canada, The Association of Canadian Organic Growers, and The Natural Farmers Association of Ontario can give you sources of clean foods.

THE FINAL STEP

The final step, if necessary, is strict rotation of all food families using organic foods as much as possible, and safe water. Foods that consistently cause trouble are left out and perhaps tried again in the weeks or months ahead.

Learn the different (diverse) biological food families. It is useful to study food in families because we often react to related foods in the same way.

It takes a few days for each food to get out of your system after you eat it. The minimum length of a cycle in your rotation should be four days. This usually allows a food to be cleared from your system before you eat it again. Some people do better on a five day or a seven day rotation. Certain foods may have to be rotated at even longer intervals if they are a problem for you.

The basic concept of the rotary diet involves eating the foods in one family on one day of the cycle and not again until the same day of the next cycle. Some foods will bother you only if you have them several days in a row. Many people have given me examples of this, for example, orange juice's causing fluid retention if taken three days in a row but not if taken intermittently. Foods that can cause reactions are better tolerated when eaten in rotation. This avoids a build-up of a particular food in your system. It is easier to see how each food affects you if you are rotating foods. A wider variety of foods may be tolerated. There is less chance of developing new food allergies or addictions. Rotation of foods can help you build up general resistance so that you are less sensitive to other environmental hazards such as chemicals, dust, mold, and pollen.

Decide how long your rotation is going to be. A four day rotation is easier than a longer cycle.

Each family is used on only one day or twenty-four hours of each cycle. Some people prefer to start the twenty-four hour period at supper time so that if they have chicken for supper, they can have it again the next day at breakfast or lunch, thus starting the next twenty-four hour period at supper time. Consuming one food at three consecutive meals may be too much exposure to that food for some people. They must then restrict each food to just one meal in the twenty-four hour period.

If you are sensitive to quite a few foods, you may have to limit your meals to just one or two foods and have a small number of foods each day. As your resistance improves, and as you are getting better, you can expand your diet. As your diet gets more complicated, there are numerous recipes and food exchanges that can be used.

THE LAST RESORT: FASTING

A more desperate step to assess food sensitivities is to stop all foods for a period of up to five days so that everything is cleared from your system. Only water is taken and this should be spring or well-water to avoid chlorine and other chemicals. Fasting can be DANGEROUS if the basic medical problem is serious: seizures, severe depression, schizophrenia, asthma, diabetes or certain rhythm disturbances of the heart. Withdrawal symptoms can be worse than usual and a reaction to a food when it is re-introduced into the diet can be heightened. In these circumstances, it is better if the fasting is done in the hospital.

NEVER go on a fast without the close supervision of your doctor.

*Revised January 1983.

Note: Humour Helps

When people are coming to our home, they are informed of our multiple-sensitivity problem and told that, if they are "too smelly" when they come, they either can't come in, or will have to be "hosed down" in the driveway first. If it is said lightly, accompanied by laughs, we have found it helpful in conveying the severity of our needs without their being put off or offended by our requests for "no perfumes, no smoking, etc."

Louise Cameron

Diverse Biological "Food Families" for "The Rotary Diversified Diet"

When rotating, use cycles of at least four days.
Each food family should be used only for one day or twenty-four hours of each cycle.

MEAT, FOWL, FISH, SEA FOOD

Beef, veal, gelatin
Milk, cheese, butter, ice cream, yogurt
Pork, bacon, ham
Lamb
Goat, goat's milk
Turkey
Duck, goose
Mollusks: abalone, clam, mussel, oyster, scallop, squid
Crustaceans: crab, crayfish, lobster, shrimp
Haddock, cod, perch
Tuna, mackerel
Turbot, sole, halibut, flounder
Trout, salmon, herring, sardines
Red Snapper
Rabbit
Venison
Moose

VEGETABLE FAMILIES

Carrot Family: carrots, celery, parsnips, parsley
Lily Family: asparagus, onions, leeks, chives, garlic
Potato (nightshade) Family: potato, tomato, eggplant,
green and red peppers, chili
cayenne pepper, paprika, pimento
Goosefoot Family: spinach, beets, Swiss chard
Gourd Family: squash, zucchini, pumpkin, cucumber,
cantaloupe, melons
Morning Glory Family: sweet potato
Sedge Family: water chestnut
Composite Family: lettuce, endive, artichokes,
sunflower seeds and oil
Mustard Family: cabbage, broccoli, turnip, radish,
cauliflower, kohlrabi, Brussel's sprouts,
mustard greens, kale, watercress, horseradish
Legume Family: alfalfa (sprouts), lima beans, mungbeans,
kidney beans, carob, carob syrup, chickpea
(garbanzo), peas, peanuts, soybean,
soyflour, soy milk
Grass Family: corn, corn products

FRUIT FAMILIES

Citrus Family: orange, lemon, lime, grapefruit, tangerine
Banana Family: banana
Grape Family: grapes, raisins, Welch's unsweetened grape
juice, cream of tartar
Apple Family: apple, apple cider, apple vinegar,
apple pectin, pears
Pineapple Family: pineapple
Heath Family: blueberries, cranberries
Rose Family: strawberries, raspberries, blackberries,
boysenberries

Papal Family: papaya
Plum Family: peaches, apricots, nectarines, cherries,
plums, almonds
Saxifrage Family: currants
Cashew Family: cashew nuts, pistachio, mangoes
Palm Family: dates, coconut
Mulberry Family: figs
Buckwheat Family: rhubarb, buckwheat

GRASS FAMILY Cereal Grains

Some people must avoid all members of this family. Sometimes individual cereal grains are rotated so that a different one is used each day. Sometimes the entire grass family is used on just one day of each cycle.

Wheat: white flour, whole wheat flour, bran, wheat germ, wheat germ oil, Vitamin E from wheat germ oil, gluten flour, graham flour, bread, buns, rolls, spaghetti, noodles, pasta, macaroni, Cream Of Wheat, Red River Cereal
Rye: Rye flour, 100% rye bread, RyCrisp
Oats: Oatmeal
Rice: Rice flour
Corn: Cornstarch, corn meal, corn oil, most vegetable oils, corn oil margarine, syrup, dextrose, glucose, popcorn, grits
Barley: barley flour, malt, maltose
Sorghum: grain, syrup
Sugarcane: cane sugar (white sugar, brown sugar, raw sugar), molasses
Triticale
Millet

YEAST-MOLD-FUNGI FAMILY

Yeast: Brewer's yeast, every alcohol, wine or beer
Brewer's yeast tablets
Baker's yeast: bread, buns, rolls, crackers
Vinegar (yeast is used in making vinegar)
B-vitamin supplements - some are from yeast
Mold: cheese
antibiotics are produced from molds
Mushrooms

OTHER FOOD FAMILIES

Arrowroot: arrowroot flour
Palm Family: coconut, dates, date sugar, sago starch
Ginger: ginger, tumeric
Orchid Family: vanilla
Pepper Family: peppercorn, white pepper, black pepper
Buckwheat Family: buckwheat, buckwheat flour, rhubarb
Nutmeg Family: nutmeg
Laurel Family: avocado, bay leaf, cinnamon
Poppy Family: poppyseed

Flax Family: flaxseed
Spurge Family: cassava or yucca
 tapioca, tapioca flour
 castor bean, castor oil
Sterculia Family: chocolate (cacao), cocoa, cocoa butter
 cola nut, Coca Cola, Pepsi Cola
Tea Family: tea
Madder Family: coffee
Myrtle Family: allspice, clove
Mint Family: basil, marjoram, peppermint, rosemary,
 sage, spearmint, thyme

SWEETENERS

Cane sugar, molasses
Beet sugar
Corn sugar, dextrose, glucose, corn syrup
Maple sugar, maple syrup
dates, date sugar, coconut
raisins
honey
figs

FATS AND OILS

Butter
Corn oil, corn oil margarine
Safflower oil
Sunflower seed oil, sunflower seed oil margarine, "Achieve"
Olive oil
Peanut oil, soy oil
Cottonseed oil, "Wesson"
Coconut oil
Sesame seed oil

SEEDS AND NUTS

Palm Family: dates
Walnut Family: walnuts, pecan, hickory nuts
Birch Family: filbert (hazelnut)
Mulberry Family: figs
Grape Family: raisins
Plum Family: almonds
Cashew Family: cashews, pistachio
Sapucaya Family: brazil nuts
Pedaliu Family: sesame seeds
Gourd Family: pumpkin seeds
Composite Family: sunflower seeds
Legume Family: alfalfa sprouts, peanuts
Protea Family: macadamia nuts
Conifer Family: pine nuts

SALAD MATERIALS

Each food family is to be used on just one day of each cycle.

Mustard Family: cabbage, watercress, radishes
Legume Family: alfalfa sprouts, mungbean sprouts,
chickpea (garbanzo)
Carrot Family: carrots, celery, parsley
Potato Family: tomato, green pepper
Composite Family: lettuce, endive
Goosefoot Family: spinach
Lily Family: chives, garlic, onion
Fungi: mushrooms

SALAD DRESSINGS

various oils
lemon juice (citrus family)
vinegar (apple product and yeast product)

Query: Re: "Learning and Behaviour Problems..." by Shirley Smith

In regard to "the unreliable drummer", - after she was diagnosed, what did she do? Did she drop out of the band? Was her performance helped or altered by the use of treatment drops? Specifically, we wondered what Karen did to over-come the effect her environment had on her co-ordination in this area?

Answer:

More practices were moved to the morning. The situation was explained to the other band members and they stopped wearing perfumes and after-shave, cleaned and oiled instruments at home or after practices. Regular injections, the alkaline powders, and strict adherence to her rotary diet also improved her performance. Public performances were still problematic, but over-all the situation improved as Karen's health improved and as the other band-members began to run interference for her. Everyone learned to be more tolerant when she was performing poorly because of allergic reactions.

Note: We appreciate the articles submitted by the lay and professional people and hope there will be many more.

Louise Cameron

RESOURCES QUESTIONNAIRE REPLIES

By G. Joy Underwood

Food Sources

(A) Ontario, Canada

Oak Manor Milling, Tomas Nimmo, R.R. 1, Tavistock, Ontario NOB 2R0 (519) 662-2385 -organic beef, chicken, turkey, and eggs, plus grains.

C.S. Boynton & Sons Meats, Victoria Square, just north of Toronto (416) 887-5804 - Dr. Belch's organic buffalo meat.

Pfenning Organic Farm, old Hwy. 7 between New Hamburg and Baden - organic vegetables.

Natures Emporium, 520 Main Street, Glen Williams, Ontario L7G 3S8 (416) 877-1955 - meats, dried fruits, bulk spices and herbs, gluten-free products; will order organically fresh vegetables on request.

(B) New York State

Sweet Meadow Natural Foods, 37 State St., Oxford, New York 13830 - organic whole grain flours and beans, dried fruits, etc.; guar gum for making bread rise (use $\frac{1}{2}$ tsp. per cup flour)

Sunrise Market, Rt. 15, Bath, New York 14810 - most health food items (dried fruits, cheeses, grains, etc.)

(C) Illinois

Czimers, Route 7, Box 285, Lockport, IL 60441 -wild game and exotic meats, plus more; will ship.

(D) California

Jaffe Brothers, P.O. Box 636, Valley Center, CA 92082-0636 - organic grains, dried fruits, seeds, flours, etc.; will ship.

Effie May, 19550 Hidden Glen Rd., Alpine, CA 92001 -organic vegetables, dried fruits, etc.; will ship.

(E) Texas

Hans Mueller, 2459 Southwell, Dallas, TX 75229 (214)241-2793 - organic meats (lamb, chicken, beef, pork, sausages, turkey); will ship in U.S. only.

Clothing and Fabrics

(A) Ontario, Canada

Natures Emporium, 520 Main Street, Glen Williams, Ontario L7G 3S8 (416) 877-1955 - unbleached cotton blouses and shirts, draw string pants, jackets of 100% cotton.

Garner's Sporting Goods, 56 Dunlop W., Barrie, Ontario - 100% cotton turtleneck tops, reasonably priced in limited colours, will order if not in stock.

Jack Webb Clothing, 267 Bradford St., Barrie, Ontario - some cotton clothing for men and women.

(B) United States

Crescent Down Works, 89 Yesler Way, Seattle, WA 98104 - cotton/down vests.

DEVA, Box C, E. Main St., Burkettsville, MD 21718 - reference listings for various companies offering natural products, ask about costs for this booklet; also sell 100% cotton goods.

The Cotton Place, P.O. Box 59721, Dallas, TX 75229 (214) 243-4149 - fabric including barrier cloth, sewing thread, trim, and clothes for men, women, and children; small fee for catalog.

Home Furnishings

Felt (nylon) found in lumber mills can be used for underpadding. Kenwood Mills in Arnprior has remnants in large sizes 15' x 20'.

The Cotton Place, P.O. Box 59721, Dallas, TX 75229 (214) 243-4149 - bedding, towels, throw rugs, shower curtains.

Donna Shrier, 825 Northlake Drive, Richardson TX 75080 -100% cotton pillows.

Cosmetics and Toiletries

Swiss Sea Kelp Shampoo & Swiss Sea Kelp Conditioner, product of Swiss Herbal Remedies Ltd., Toronto, Ontario -sold in health stores.

The Great Shape-Up Deodorant, product of the Great Shape-Up, Rexdale, Ontario - sold in health stores.

Marcelle Moisture Cream (hypo-allergenic), product of Professional Pharmaceuticals, Montreal, Quebec - in some department stores and drug stores.

Different vegetable oils (like safflower, sunflower, almond, etc.) tolerated in diet - use as hand and body lotion.

Nature Clean products - shampoo and liquid soap.

Aubrey Organics, 4419 North Manhattan Ave., Tampa, FL 33614 - organic shampoo, deodorant, and sun screen cream; will ship.

Soft and Pure Bathroom Tissue by E.B. Eddy Forest Products Ltd., Hull, Quebec - sold in some parts of U.S.A. as well as Canada.

Cleaning Aids

Nature Clean all-purpose liquid cleaner sold in health stores.

Local Amway distributor for Amway products - SA8 laundry compound, dish drops, automatic dishwashing compound, and L.O.C. (liquid organic cleaner).

Travel Supplies

Erlanders, Box 106, Altadena, CA 91001 - cotton or cotton/wool sleeping bags.

Feathered Friends, 2130 First Ave., Seattle, WA 98121
- can order cotton/down, well-made sleeping bags.

Travel Hint

Have a good city street and state/province road map to avoid heavily congested areas. Use less frequented roads to get around.

Gardening and Pest Control

- 1) Sifting soil helps to get rid of cut-worms and grubs.
- 2) Dipel or Thuricide - a microbial insecticide.
- 3) Borax for ant control.
- 4) Aubrey Organics, 4419 North Manhattan Ave., Tampa, FL 33614 -dog flea control products.
- 5) Tansy plants help keep flies away.

Other Resources

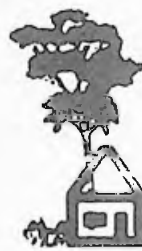
- 1) Healing Yourself by Joy Gardner.
- 2) Herbally Yours by Penny C. Royal.
- 3) "Harrowsmith" Magazine, Camden East, Ontario K0K 1J0





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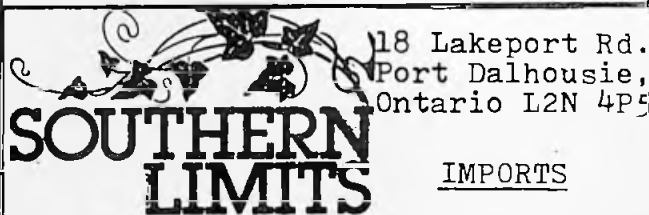
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